



## Association of Hospice & Palliative Care Chaplains



KATHOLIEKE UNIVERSITEIT  
**LEUVEN**

Patient Identification Number:

### CONSENT FORM:

Title of Project: **What difference do chaplains make? An observational study of chaplain interventions in palliative care in UK**

Name of Researcher: Professor Austyn Snowden

Please initial  
boxes

I confirm that I have read and understood the participant information sheet dated 10-10-2018 for the above study.

☐

I have had the opportunity to consider the information provided and had any questions answered satisfactorily.

☐

I understand that my participation is voluntary and I can withdraw from the study at any time without giving any notification or reason.

☐

I understand that withdrawing from the research study will not incur any adverse consequences to my future treatment.

☐

I understand that data already given before my withdrawal will remain in the study.

☐

I agree to participate in this research study.

☐

I understand that in exceptional circumstances, eg in the event that I disclose potential harm to either myself or others, that my anonymity would be broken and the appropriate authorities contacted.

☐

Name of participant  
*(Please complete in capital letters)*

Signature of participant

Date

---

---

---

Name of person taking consent

Signature of person taking consent

Date

---

---

---